

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045626

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11115

STATE FILE NUMBER

FILED NOV 22 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Deaconess Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY

OR
TOWN

Webster Groves

~~300 Pasadena Ave.~~

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

450 Pasadena Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Alpha

Middle

L.

Last

Jewett

4. DATE
OF
DEATHMonth
NovDay
12Year
1963

5. SEX

F.

6. COLOR OR RACE

W.

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7/12/01

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

Kansas City, Kan.

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

E. Clarence Mourning

13b. MOTHER'S MAIDEN NAME

Mary E. Shidler

14. NAME OF HUSBAND OR WIFE

Joseph E. Jewett

15. WAS DECEASED EVER IN U.S. ARMED FORCES

(Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

98

Address Iowa City, Ia.

Mrs. Glen Hogue, 3004 Raven St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cancer of Stomach

19 mos.

DUE TO (c)

151X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6-18-43
7:50 AM

to 11-10-63

and last saw her alive on 11-8-63

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

8540 Big Bend

22c. DATE SIGNED

11-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

11/12/63

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Parker-Aldrich, Webster Groves, Mo.

25. DATE RECD. BY LOCAL REG.

NOV 12 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

100110-0000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Leslie Welch

Licensed Embalmer No.

4395

P. O. Address

Webster Groves, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

100110-0000

4

4

0-82